



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

January 5, 2009

Alan Yamamoto, Director
San Benito County Mental Health
1111 San Felipe Road, Suite 104
Hollister, CA 95023

Dear Mr. Yamamoto:

AUDIT REPORT – SAN BENITO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Benito County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.


The effect of this revised allowable program costs is as follows:

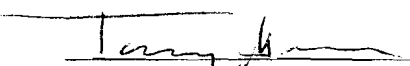
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 610,565	\$ 596,696	\$ (13,869)
Federal Share of Healthy Families	\$ 0	\$ 0	\$ 0
State General Funds EPSDT Due State	\$ 189,780	\$ 186,108	\$ (3,672)

Alan Yamamoto, Director
January 5, 2009
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


TONY GAAN, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

San Benito County Mental
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch 2a)	\$ 602,048	\$ (8,198)	\$ 593,850
HEALTHY FAMILIES - FFP	(Sch 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		\$ 602,048	\$ (8,198)	\$ 593,850
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 8,517	\$ (5,671)	\$ 2,846
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDERS		\$ 8,517	\$ (5,671)	\$ 2,846
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 610,565	\$ (13,869)	\$ 596,696
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 610,565	\$ (13,869)	\$ 596,696
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	189,780	(3,672)	\$ 186,108

SCHEDULE 2

**San Benito County Mental
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	1,010,426	(15,209)	995,217
3. Enhanced SD/MC (Children) - I/P	(MH 1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH 1968, Ln 16, 16A)	770	(23)	747
5. Enhanced SD/MC (Refugees) - I/P	(MH 1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH 1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH 1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH 1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 1,011,196</u>	<u>\$ (15,231)</u>	<u>\$ 995,965</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	7,149	135	7,284
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH 1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH 1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 7,149</u>	<u>\$ 135</u>	<u>\$ 7,284</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	1,004,047	(15,366)	988,681
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 1,004,047</u>	<u>\$ (15,366)</u>	<u>\$ 988,681</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH 1979, Ln 11, Col A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH 1979, Ln 12, Col A)	0	0	0
28. Service Functions 21-19	(MH 1979, Ln 13, Col A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

San Benito County Mental
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH 1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH 1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 162,601	\$ (3,891)	\$ 158,710
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 105,461	\$ (814)	\$ 104,647
39. Medi-Cal Reimbursement	(Lower of Ln 37 Ln 38)	<u>\$ 105,461</u>	<u>\$ (814)</u>	<u>\$ 104,647</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH 1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH 1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40 Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH 1979, Ln 14, Col D)	\$ 12,781	\$ (3,746)	\$ 9,035
44. Other Medi-Cal U.R.	(MH 1979, Ln 15, Col D)	<u>\$ 8,817</u>	<u>\$ 6,508</u>	<u>\$ 15,325</u>
<u>Net SD/MC Reimbursement - FFP</u>				
45. Direct Services	(MH 1979, Ln 16, 16A)	\$ 534,822	\$ (8,220)	\$ 526,602
46. Enhanced (Children)	(MH 1979, Ln 17, 17A)	501	(15)	486
47. Enhanced (Refugees)	(MH 1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH 1979, Ln 6)	52,731	(408)	52,324
50. U.R. Skilled Professional	(MH 1979, Ln 14)	9,586	(2,810)	6,776
51. U.R. Other	(MH 1979, Ln 15)	4,409	3,254	7,663
52. Negotiated Rate-Payback	(MH 1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 602,049</u>	<u>\$ (8,199)</u>	<u>\$ 593,850</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>
56. Total SD/MC Reimbursement - FFP		<u>\$ 602,049</u>	<u>\$ (8,199)</u>	<u>\$ 593,850</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57. Healthy Families Net Reimbursement	(MH 1979, Ln 24, 24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH 1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH 1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 602,049</u>	<u>\$ (8,199)</u>	<u>\$ 593,850</u>

(To Sch. 1)

[illegible]

San Benito County Mental
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004

SCHEDULE 4

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns 16, 16A, 17, 17A, 18) (including contractors)	\$ 1,004,047	\$ (15,366)	\$ 988,681
(2) Total SD/MC Claims	1,434,219	0	1,434,219
(3) Percent % (Line 1/Line 2)	0.70	(0.01)	0.69
(4) EPSDT Claims	816,532	0	816,532
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	571,654	(8,737)	562,917
(6) Cost Settled Baseline for EPSDT	155,723	0	155,723
(7) Net Cost Settlement Amount (Line 5 - Line 6)	415,931	(8,737)	407,194
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	194,240	(4,080)	190,160
(8a) FY 2001-02 EPSDT Settlement	149,635	0	149,635
(8b) Annual Local Growth (L 8 - 8a)	44,605	(4,080)	40,525
(9) County Match 10% of Local Growth (8b x 10%)	4,461	(408)	4,053
(10) Net Cost Settlement Amount (L 8 - 9)	189,780	(3,672)	186,108
(11) SGF Distribution (Settled and Audited)	189,780	0	189,780
(12) SGF Due County (State)	\$ 0	\$ (3,672)	\$ (3,672)
			(To Sch 1)

Source:

(1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)

(2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)

(4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary

(6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase

(7) Settlement amount prior to 10% match calculation (8) - (9)

(11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors)
Includes adjustment for additional SGF and ASO non participants
The original EPSDT Settlement letter shows SGF distributed \$201,342.01, which represents the county owed \$11,562.51 to the State. The county provided documents to prove that it has already paid back to State. See <W/P II F 2-2> for detail.

(12) Amount owed back to the state cannot be more than was advanced.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
San Benito				00035	39	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to remove 02/03 Professional and Spec Svcs expenses to agree with County's records and supporting documents.	\$ 30,644	\$ (67,491)	\$ (36,847) *
2	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to remove 02/03 Care and Support expenses to agree with County's records and supporting documents	** (36,847)	4,366	(32,481) *
3	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to include 03/04 Professional and Spec Svcs expenses paid in 04/05 to agree with County's records and supporting documents.	** \$ (32,481)	\$ (3,709)	\$ (36,190) *
4	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to include the equipment (Autos) cost. This expense should be included in the Medi-Cal Adjustment (MH 1961)	** (36,190)	21,092	(15,098)
5	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to include 03/04 salaries and wages expenditure which was incorrectly deducted as 02/03 Professional and Spec Svcs expenses.	** (15,098)	66,834	51,736
6	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961 To adjust Medi-Cal adjustments from MH 1961 to include the equipment (auto) cost. to agree with County's records and supporting documents.	\$ 19,678	\$ (21,092)	\$ (1,414)
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider San Benito				Provider Number 00035	No. of Adj. 39	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj No	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
7	MH 1960	6	C	MEDI-CAL ADJUSTMENTS FROM MH 1961 To adjust Medi-Cal adjustments from MH 1961 to account for the changes in the computation for fixed assets depreciation.	** \$ (1,414)	\$ (6,447)	\$ (7,861)
8	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs for allocation to reflect the effect of adjustments 1 through 7 above.	\$ 2,292,225	\$ (6,447)	\$ 2,285,778
9	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 105,461	\$ (814)	\$ 104,647
	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	0	0
10	MH 1960	11	C	NON-SD/MC ADMINISTRATION	107,767	470	108,237
11	MH 1960	12	C	TOTAL ADMINISTRATION	<u>\$ 213,228</u>	<u>\$ (344)</u>	<u>\$ 212,884</u>
				To adjust total administrative costs and its components to account for the changes in depreciation and other adjustments, and to agree with the county records and supporting documentation. The gross cost methodology was utilized to distribute administrative costs to SD/MC and Non-SD/MC.			
12	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 12,781	\$ (3,746)	\$ 9,035
13	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	8,817	6,508	15,325
14	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	22,070	(2,898)	19,172
15	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	<u>\$ 43,668</u>	<u>\$ (136)</u>	<u>\$ 43,532</u>
				To adjust total utilization review costs and its components to agree with the County's records. It was also determined that operation costs and program support costs were originally included in SPMP when it should be in the other utilization review category. The redirection was done as well as distributing the allowable costs to SPMP, Other UR, and Non-SD/MC UR by utilizing the gross cost methodology which is consistent with the prior years.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider San Benito				Provider Number 00035	No. of Adj. 39	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODE OF SERVICE</u>			
	MH 1964	3	A	HOSPITAL INPATIENT SERVICES (MODE 05 - ALL OTHER SFC)	\$ 10,160	\$ 0	\$ 10,160
16	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	1,833,384	(63,700)	1,769,684
17	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	160,959	(326)	160,633
18	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	30,826	58,059	88,885
19	MH 1964	9	A	TOTAL - LINES 2 THROUGH 8	<u>\$ 2,035,329</u>	<u>\$ (5,966)</u>	<u>\$ 2,029,362</u>
				To accurately reflect adjustments to the distribution of direct service costs to modes of services as a result of adjustment 1 and 2.			
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVICE/TIME COUNTY PROVIDERS</u>			
20	MH 1966	2	B	SFC 15-01 (Program 1)	45,487	(391)	45,096
21	MH 1966	2	C	SFC 15-30 (Program 1)	828,629	(15,300)	813,329
22	MH 1966	2	D	SFC 15-60 (Program 1)	101,642	(3,796)	97,846
23	MH 1966	2	E	SFC 15-70 (Program 1)	62,152	(7,188)	54,964
24	MH 1966	2	C	SFC 15-69 (Program 2, MHS)	2,350	(275)	2,075
25	MH 1966	2	D	SFC 15-32 (Program 2, ASO)	10,210	(2,424)	7,786
				To adjust total units of service to agree with the County's records and supporting documents. Phase II units of service were extracted from Program 1 and settled in Program II.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
San Benito				00035	39	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
26	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	154.103	0	154.103 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	437.601	(1.073)	436.528 *
27	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	0	205	205 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	0	0	0 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	472	0	472 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	0	0	0 *
				TOTAL	<u>592,176</u>	<u>(868)</u>	<u>591,308</u>
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated April 14, 2008 (Excluding disallowed claims of 656 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 154.103	0	154.103 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 436.528	0	436.528 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03	** 0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04	** 205	0	205 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03	** 0	0	0 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04	** 472	0	472 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03	** 0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03	** 0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	** 0	0	0 *
				TOTAL	<u>591,308</u>	<u>0</u>	<u>591,308</u>
				To adjust the State DMH Approved Claims Report dated April 14, 2008 to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider San Benito				Provider Number 00035	No. of Adj. 39	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	154,103	0	154,103 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	436,528	0	436,528 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	205	0	205 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	472	0	472 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	0	0 *
				TOTAL	<u>591,308</u>	<u>0</u>	<u>591,308</u>
				To adjust the State DMH Approved Claims Report dated April 14, 2008 to incorporate the results of the QA/UR audit findings. This audit was conducted by the State DMH Oversight Branch.			
28	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	154,103	(3,620)	150,483 *
29	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	436,528	(3,835)	432,693 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
30	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	205	(205)	0 *
31	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	0	482	482 *
32	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	472	(137)	335 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	0	0 *
				TOTAL	<u>591,308</u>	<u>(7,315)</u>	<u>583,993</u>
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records (Excluding disallowed claims of 656 uos/uot) The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
San Benito				00035	39	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	150,483	0	150,483 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	432,693	0	432,693 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	482	0	482 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	335	0	335 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	0	0 *
				TOTAL	<u>583,993</u>	<u>0</u>	<u>583,993</u>
				To adjust the State DMH Approved Claims Report dated April 14, 2008 to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 **	150,483	0	150,483 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 **	432,693	0	432,693 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 **	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 **	482	0	482 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 **	335	0	335 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 **	0	0	0 *
				TOTAL	<u>583,993</u>	<u>0</u>	<u>583,993</u>
				To adjust the State DMH Approved Claims Report dated April 14, 2008 to incorporate the results of the QA/UR audit findings. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
San Benito				00035	39	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS/TIME CONTRACT PROVIDERS</u>			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 1	0	1 *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 6	0	6 *
				TOTAL	<u>7</u>	<u>0</u>	<u>7</u>
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records (Excluding disallowed claims of 0 uos/uot). The auditor submitted work papers to the County which shows the details of the above adjustments.			
	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03	** 1	0	1
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04	** 6	0	6
				TOTAL	<u>7</u>	<u>0</u>	<u>7</u>
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments.			
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUES - COUNTY</u>			
36	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUES 07/01/03 - 09/30/03	\$ 2,897	\$ 0	\$ 2,897
	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUES 10/01/03 - 06/30/04	\$ 4,252	\$ 135	\$ 4,387
				TOTAL	<u>7,149</u>	<u>135</u>	<u>7,284</u>
				To adjust patient and other payor revenues to agree with the County's records and supporting documentation			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider San Benito				Provider Number 00035	No. of Adj. 39	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj No.	Form/ Sch.	Line	Col.				
37	MH 1979 MH 1979	23 27	J J	<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u> <u>COUNTY PROVIDERS</u>			
				TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 602,048	\$ (8,198)	\$ 593,850
				TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 0	\$ 0	\$ 0
				TOTAL COUNTY PROVIDERS	<u>602,048</u>	<u>(8,198)</u>	<u>593,850</u>
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to costs, revenues, units of service/time and the results of the Medical Oversight audit			
38	MH 1979 MH 1979	23 27	J J	<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u> <u>CONTRACT PROVIDERS</u>			
				TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 8,517	\$ (5,671)	\$ 2,846
				TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 0	\$ 0	\$ 0
				TOTAL CONTRACT PROVIDERS	<u>8,517</u>	<u>(5,671)</u>	<u>2,846</u>
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to revenues and units of service/time.			
				Natividad Medical Center LE # 00129	\$ 8,517	\$ (5,671)	\$ 2,846
					<u>8,517</u>	<u>(5,671)</u>	<u>2,846</u>
39	Sch 4			<u>ADJUSTMENTS TO REPORTED EPSDT</u> <u>STATE GENERAL FUND SETTLEMENT</u>			
				EPSDT - SGF	\$ 189,780	\$ (3,672)	\$ 186,108
				To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on lines 16, 16A, 17, 17A and 18, Column C of form MH 1979 of audited County and Contract Providers.			
							* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: San Benito
County Code: 35

Legal Entity: San Benito County Mental		A	B	C
Legal Entity Number: 00035		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,471,642	880,210	2,351,852
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(109,949)	(109,949)
4	Other Adjustments from MH 1962		51,736	51,736
5	Total Costs Before Medi-Cal Adjustments	1,471,642	821,997	2,293,639
6	Medi-Cal Adjustments from MH 1961		(7,861)	(7,861)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,285,778
	Administrative Costs (County Only)			
9	SD/MC Administration			104,647
10	Healthy Families Administration			
11	Non-SD/MC Administration			108,237
12	Total Administrative Costs			212,884
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			9,035
14	Other SD/MC Utilization Review			15,325
15	Non-SD/MC Utilization Review			19,172
16	Total Utilization Review Costs			43,532
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			2,029,362
19	Total Costs - Lines 9 through 18			2,285,778

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: San Benito
County Code: 35

Legal Entity: San Benito County Mental		A	B	C
Legal Entity Number: 00035		Salaries and Benefits	Other	Total Adjustments
1	Equipment Cost		(21,092)	(21,092)
2	Depreciation Cost		13,231	13,231
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(7,861)	(7,861)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
OTHER ADJUSTMENTS
MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: San Benito
County Code: 35

Legal Entity: San Benito County Mental		A	B	C
Legal Entity Number: 00035		Salaries and Benefits	Other	Total Adjustments
1	Adj. entries to remove 02/03 expenses:			
2	Professional and Spec Svcs		(78,383)	(78,383)
3	Care and Support		(8,186)	(8,186)
4	Adj. entries for 03/04 expenses paid in 04/05:			
5	Professional and Spec Svcs		14,033	14,033
6	Care and Support		57,438	57,438
7	Moved Contract amt. of MD to Sal & Bene.		66,834	66,834
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		51,736	51,736

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: San Benito
 County Code: 35

Legal Entity: San Benito County Mental		A
Legal Entity Number: 00035		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,029,362
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	10,160
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,769,684
6	Outreach Services (Mode 45)	160,633
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	88,885
9	Total - Lines 2 through 8	2,029,362

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: San Benito
County Code: 35

CR

Legal Entity: San Benito County Mental		A	B	C	D	E	F	G
Legal Entity Number: 00035			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)		Mode Total	Function	Function	Function	Function	Function	Function
			60					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		127					
3	Gross Cost	10,160	10,160					
4	Cost per Unit		80.00					
5	SMA per Unit							
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03						
8A		10/01/03 - 06/30/04						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		127					
13	Medi-Cal Costs	07/01/03 - 09/30/03						
13A		10/01/03 - 06/30/04						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03						
14A		10/01/03 - 06/30/04						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		10,160	10,160				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: San Benito		CR		CR	CR	CR	CR		
County Code: 35									
Legal Entity: San Benito County Mental		A	B	C	D	E	F	G	
Legal Entity Number: 00035			Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function	
			01	30	60	70			
1	Allocation Percentage	100.00%	3.10%	73.65%	16.51%	6.75%			
2	Total Units	45,096	813,329	97,846	54,964				
3	Gross Cost	1,751,288	54,301	1,289,740	289,102	118,146			
4	Cost per Unit		1.20	1.59	2.95	2.15			
5	SMA per Unit		1.83	2.36	4.37	3.52			
6	Published Charge per Unit		1.71	2.20	3.29	4.09			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	7,605	126,364	9,426	6,318			
8A		10/01/03 - 06/30/04	20,626	348,253	40,352	15,555			
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03			14				
10A		10/01/03 - 06/30/04	20	430					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units		16,845	338,282	48,054	33,091			
13	Medi-Cal Costs	07/01/03 - 09/30/03	250,971	9,157	200,382	27,851	13,581		
13A		10/01/03 - 06/30/04	729,742	24,836	552,244	119,227	33,435		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	375,567	13,917	298,219	41,192	22,239		
14A		10/01/03 - 06/30/04	1,090,715	37,746	821,877	176,338	54,754		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	347,858	13,005	278,001	31,012	25,841		
15A		10/01/03 - 06/30/04	997,805	35,270	766,157	132,758	63,620		
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	41			41			
21A		10/01/03 - 06/30/04	706	24	682				
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	61			61			
22A		10/01/03 - 06/30/04	1,051	37	1,015				
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	46			46			
23A		10/01/03 - 06/30/04	980	34	946				
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		769,828	20,283	536,432	141,983	71,129		

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

MHS MHS ASO ASO TBS

C:\County\Audit Production 03-04\San Berro 03-04\RR\00035-San Berro County-RR-XXL6

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: San Benito
County Code: 35

County Code: 35			CR	CR	CR	CR		
Legal Entity: San Benito County Mental		A	B	C	D	E	F	G
Legal Entity Number: 00035		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			20	30	40	60		
1	Allocation Percentage	100.00%	5.66%	29.59%	59.18%	5.57%		
2	Total Units		3,432	6,321	1,630	5,569		
3	Gross Cost	88,885	5,035	26,300	52,602	4,948		
4	Cost per Unit		1.47	4.16	32.27	0.89		
5	Non-Medi-Cal Units (Same as Line 2)		3,432	6,321	1,630	5,569		
6	Non-Medi-Cal Costs (Same as Line 3)	88,885	5,035	26,300	52,602	4,948		

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: San Benito County Code: 35 Legal Entity: San Benito County Mental Legal Entity Number: 00035			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55 S.F.'s 01-09 S.F.'s 11-19, 31-39 S.F.'s 21-29			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/03 - 09/30/03								250,971	250,971	1,297	252,268
1A		10/01/03 - 06/30/04								729,742	729,742	13,207	742,949
2	Medi-Cal SMA	07/01/03 - 09/30/03								375,567	375,567	1,918	377,485
2A		10/01/03 - 06/30/04								1,090,715	1,090,715	21,686	1,112,400
3	Medi-Cal P C	07/01/03 - 09/30/03								347,858	347,858		347,858
3A		10/01/03 - 06/30/04								997,805	997,805		997,805
4	Medi-Cal N R	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03								250,971	250,971	1,297	252,268
5A		10/01/03 - 06/30/04								729,742	729,742	13,207	742,949
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03											
6A		10/01/03 - 06/30/04											
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03											
7A		10/01/03 - 06/30/04											
8	Medicare/Medi-Cal Crossover P C	07/01/03 - 09/30/03											
8A		10/01/03 - 06/30/04											
9	Medicare/Medi-Cal Crossover N R	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim	07/01/03 - 09/30/03											
10A		10/01/03 - 06/30/04											
11	Total SD/MC + Crossover Gross Reim	07/01/03 - 09/30/03								250,971	250,971	1,297	252,268
11A		10/01/03 - 06/30/04								729,742	729,742	13,207	742,949
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								41	41		41
12A		10/01/03 - 06/30/04								706	706		706
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								61	61		61
13A		10/01/03 - 06/30/04								1,051	1,051		1,051
14	Enhanced SD/MC (Children) P C	07/01/03 - 09/30/03								46	46		46
14A		10/01/03 - 06/30/04								980	980		980
15	Enhanced SD/MC (Children) N R	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim	07/01/03 - 09/30/03								41	41		41
16A		10/01/03 - 06/30/04								706	706		706
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P C	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N R	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03								251,012	251,012	1,297	252,309
21A		10/01/03 - 06/30/04								730,448	730,448	13,207	743,655
22	Enhanced SD/MC (Refugees) Gross Reim	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03											
23A		10/01/03 - 06/30/04											
24	Healthy Families SMA	07/01/03 - 09/30/03											
24A		10/01/03 - 06/30/04											
25	Healthy Families P C	07/01/03 - 09/30/03											
25A		10/01/03 - 06/30/04											
26	Healthy Families N R	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim	07/01/03 - 09/30/03											
27A		10/01/03 - 06/30/04											
28	Less: Patient and Other Payor Revenue												
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03								2,897	2,897		2,897
28A		10/01/03 - 06/30/04								4,387	4,387		4,387
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03								248,115	248,115	1,297	249,412
35A		10/01/03 - 06/30/04								726,061	726,061	13,207	739,268
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03											
37A		10/01/03 - 06/30/04											
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03											
38A		10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County San Benito
County Code 35

Legal Entity: San Benito County Mental		A	B	C	D	E	F	G	H	I	J
Legal Entity Number 00035		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			995,965	995,965						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		62,103		62,103						
3	Total Medi-Cal Direct Service Gross Reimbursement				1,058,068						
4	Medi-Cal Administrative Reimbursement Limit				158,710						
5	Medi-Cal Administration				104,647						
6	Medi-Cal Administrative Reimbursement				104,647	52,324					52,324
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reimbursement										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin Activities Svc Functions 01 - 09										
12	Medi-Cal Admin Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				9,035					6,776	6,776
15	Other SD/MC Utilization Review (County Only)				15,325	7,663					7,663
16	SD/MC Net Reimbursement for Direct Services			249,371	249,371		135,533				135,533
16A				738,562	738,562			391,069			391,069
17	Enhanced SD/MC Net Reimb. (Children)			41	41				27		27
17A				706	706				459		459
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										593,850
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh SD/MC										
21	Total SD/MC Reimbursement (FFP)										593,850
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										593,850
24	Healthy Families Net Reimbursement										
24A											
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										